

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15000

1. Entity Name

FRATERNAL ORDER OF EAGLES AUXILIARY, INC.

Principal Place of Business

4201 NE 36 AVENUE  
OCALA FL 34479

Mailing Address

4201 NE 36 AVENUE  
OCALA FL 34479

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GRZYB, SHARON  
910 S.E. 28TH STREET  
OCALA FL 34471

7. Name and Address of New Registered Agent

Name KAREN Chandler

Street Address (P.O. Box Number is Not Acceptable)

1936 NE 7ST

City

OCALA

FL

Zip Code

34470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/8/00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOVEDAY, SUSAN	
STREET ADDRESS	2326 N.E. 54TH PL.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GRZYB, SHARON	
STREET ADDRESS	910 S.E. 28TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, DORIS	
STREET ADDRESS	7334 N.E. JACKSONVILLE RD.	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce TAYLOR	
STREET ADDRESS	2351 NW 18th Lane	
CITY-ST-ZIP	CITRA FL. 32113	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Chandler	
STREET ADDRESS	1936 NE 7ST	
CITY-ST-ZIP	OCALA FL. 34470	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann KANUMACHER	
STREET ADDRESS	3916 NE 22 Lane	
CITY-ST-ZIP	OCALA, FL. 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jun 14, 2000 8:00 am  
Secretary of State

06-14-2000 90004 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)